

AUG 31 2005

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## FAX COVERSHEET

Date: August 31, 2005

Number of Pages (Including Coversheet): 25

NAME	COMPANY	FAX NO.	PHONE NO.
Examiner Dave Willse	USPTO GAU 3738	571-273-8300	571-272-4762

From: Michelle Saquet Temple

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PTO/SB/21 (09-04)

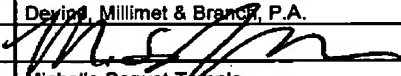
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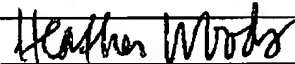
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/600,725	
	Filing Date	June 20, 2003	
	First Named Inventor	Bedard, Stephane	
	Art Unit	3738	
	Examiner Name	David H. Willse	
Total Number of Pages in This Submission	24	Attorney Docket Number	14206/67156

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Devina, Millimet & Branch, P.A.		
Signature			
Printed name	Michelle Saquet Temple		
Date	August 31, 2005	Reg. No.	48,834

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Typed or printed name	Heather Woods	Date	August 31, 2005

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number	10/600,725
		Filing Date	8/20/2003
		First Named Inventor	Bedard, et al.
		Examiner Name	D. Willse
		Art Unit	3738
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	14205/67156

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-0932 Deposit Account Name: Devine, Millmet & Branch, P.A.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity</b>
							<b>Fee (\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
							180
<b>Total Claims</b>							
22 - 20 or HP = 2 x \$50.00 =							
HP = highest number of total claims paid for, if greater than 20							
<b>Indep. Claims</b>							
2 - 3 or HP = 0 x \$200.00 =							
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>							
30 - 100 = 0 / 50 = 0 (round up to a whole number) x \$250.00 =							
<b>4. OTHER FEES(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other: One Month Extension of Time							\$120.00

<b>SUBMITTED BY</b>		
Signature	Registration No. 48,834 (Attorney/Agent)	Telephone (603) 669-1000
Name (Print/Type) Michelle Sequet Temple		Date 8/31/2005

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